

V. S. No. 2  
DOM-8-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2270**  
Registrar's No. **41**

**FILED** FEB 1 1946  
Registration District No. **47**

Primary Registration District No. **3008**

4  
1  
2

273

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Callaway  
 (b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital No. 1, Fulton, Mo. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution over 14 years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** William D. Engleman  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife W. D. Engleman  
 6. (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased December 5, 1875  
(Month) (Day) (Year)

**8. AGE:** Years 70 Months 1 Days 11  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Real Estate Agent

**MOTHER, FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 1  
 (b) Address Fulton, Mo.

17. (a) Removal  
(Burial, cremation, or removal)  
 (b) Date thereof Jan. 19, 1946  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Legs Summit, 9mo

18. (c) Signature of funeral director Glen Y. Maupin  
 (b) Address 712 Court Fulton, Mo.

19. (a) Jan. 19-1946  
(Date received local registrar)  
 (b) Joan M. ...  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4136 Millcreek Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 15  
 year 1946 hour 6 minute 05 A. M.  
 21. I hereby certify that I attended the deceased from September 1, 1942 to January 15, 1946  
 that I last saw him alive on 1-9 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
 Duration years  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Generalized Arteriosclerosis  
(Include pregnancy within 3 months of death) years

**PHYSICIAN**  
 Major findings: no operation  
 Of operations \_\_\_\_\_  
 Of autopsy no autopsy

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
 Signature C. C. Ault  
 Address Fulton, Mo.  
 Date signed 1/19/46

RECEIVED

District Health Officer No. 9;

District File Number

Date Filed

1-31-46

FEB 7 1943

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Glen Y. Maupin*

Licensed Embalmer No

*2725*

P. O. Address

*Fulton, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

3 If this body is not embalmed, fact should be so stated above.